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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/708,541**

**Attorney Docket No.: CMDP0009USA**

**Subject: Response to the Office Action Mailed on 04/18/2005**

**Total Pages: 14 pages (including cover page)**

**Winston Hsu 07/15/2005**

**CMDP0009USA0\_A2\_1**

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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Application Number: 10/708,541

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal Form	1 PAGE
(3) Response to the Office action	10 PAGES

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

12

Application Number	10/708,541
Filing Date	03/10/2004
First Named Inventor	Yo-Shen Lin
Art Unit	2817
Examiner Name	SEUNGSOOK HAM
Attorney Docket Number	CMDP0009USA

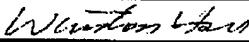
Attorney Docket Number

CMDP0009USA

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/>
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/>	<input type="checkbox"/> Remarks
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/>	<input type="checkbox"/>

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	07/15/2005	Reg. No.	41,526

**CERTIFICATE OF TRANSMISSION/MAILING**

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032  
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> For FY 2005		Application Number	10/708,541
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	03/10/2004
TOTAL AMOUNT OF PAYMENT	(\$ 0.00)	First Named Inventor	Yo-Shen Lin
		Examiner Name	SEUNGSOOK HAM
		Art Unit	2817
		Attorney Docket No.	CMDP0009USA

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
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<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    Fee (\$)    Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    Fee (\$)    Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____ / 50 = _____ (round up to a whole number)		x _____	= _____	

**4. OTHER FEES**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

Fee Paid (\$)

\_\_\_\_\_

**SUBMITTED BY**

Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526	Telephone	302-729-1562
Name (Print/Type)	Winston Hsu	Date	07/15/2005		

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**LUMPED-ELEMENT LOW-PASS FILTER IN MULTI-LAYERED SUBSTRATE**

Appl. No. : 10/708,541 Confirmation No. 2540  
Applicant : Yo-Shen Lin,  
              Ko-Mai Li  
Filed : March 10, 2004  
TC/A.U. : 2817  
Examiner : SEUNGSOOK HAM  
Docket No. : CMDP0009USA0  
Customer No. : 27765

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

- 5 In response to the Office action of April 18, 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

- 10 Remarks/Arguments begin on page 8 of this paper.